

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
SUBSTANCE USE DISORDER COUNSELOR
LICENSE BY ENDORSEMENT OF ANOTHER STATE

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number (SSN) is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES FOR SUBSTANCE USE DISORDER COUNSELOR LICENSE BY ENDORSEMENT APPLICATIONS:

1. Submit a copy of the score report showing a passing score on the written National Association of Alcohol and Drug Abuse Counselors (NAADAC) National Certification Exam Level I, II, or MAC. A passing score on the International Certification Examination for Alcohol and Drug Counselors (ICRC/AODA) may be submitted in lieu of verification of a passing score on the NAADAC exam.
2. Submit verification of current licensure in another state as the equivalent of a substance use disorder counselor by using the "Request for Verification of License" form (*attached to this application*). Request that the verifying state complete the form and mail them directly to DOPL or return them to you for submission with your application.
3. Submit a "Verification of Active Practice" form (*attached to this application*) completed by an employer representative or professional colleague verifying completion of at least 4,000 hours of substance use disorder counseling experience. The form must be completed in its entirety by a completed by an employer representative or professional colleague.
4. Submit an \$85 check to cover non-refundable application-processing fee. Make the check payable to "DOPL."

ADDITIONAL IMPORTANT INFORMATION:

1. Submit Completed Application to:

By U.S. Mail	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City UT 84114-6741
By Express Mail or In Person	Division of Occupational & Professional Licensing 1 st Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

2. **Statutes and Rules:** You are required to understand all Utah laws and rules pertaining to your practice. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rule of the Division of Occupational & Professional Licensing
- ☐ Mental Health Professional Practice Act
- ☐ Mental Health Professional Practice Act Rule
- ☐ Substance Use Disorder Counselor Licensing Act Rule

3. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.

4. **License Renewal:** SUDC licenses expire on May 30 of each odd-numbered year. Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

5. **Continuing Education:** SUDCs must complete at least 40 contact hours of continuing education during every two year renewal cycle in order to qualify for license renewal.

6. **Examination:** To register for or to obtain information regarding the NAADAC exam, contact the Association of Utah Substance Abuse Professionals (AUSAP) at (801) 335-0537 or <http://naadac.org/ut/>. It is the responsibility of the applicant to submit the exam fees directly to the testing agency.

7. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.

8. **Name Change:** If you have been licensed by DOPL under any other name, please submit

legal documentation of your name change (*i.e. copy of a marriage license or divorce decree*).

9. **Telephone Numbers:** (801) 530-6628 or (866) 275-3675 – toll-free in Utah
Email: doplureau3@utah.gov
Website: www.dopl.utah.gov
Fax: (801) 530-6511

APPLICATION FOR LICENSURE

SUBSTANCE USE DISORDER COUNSELOR LICENSE BY ENDORSEMENT FROM ANOTHER STATE

Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.					
Last Name:		First Name:		Middle Name:	
Social Security Number: - -			Maiden Name:		
I certify under penalty of perjury that:					
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: ____					
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.					
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: ____					
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.					
<input type="checkbox"/> I am a foreign national not physically present in the United States.					
Mailing Address:					
City:				State:	
City:				ZIP:	
<input type="checkbox"/> Male	Date of Birth:		Phone #:		E-Mail:
<input type="checkbox"/> Female	Date of Birth:		Phone #:		E-Mail:
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)					
Profession:		Issuing State:			
License Number:		License Status:		Issue Date:	
Profession:		Issuing State:			
License Number:		License Status:		Issue Date:	
Profession:		Issuing State:			
License Number:		License Status:		Issue Date:	

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY	
License/Certificate Number: _____	
Date License/Certificate Approved: ____/____/____	
Approved By: _____	
Date License/Certificate Denied: ____/____/____	
Denied By: _____	
Reason for Denial/Other Comments: _____	

AFFIDAVIT and RELEASE AUTHORIZATION

1. I certify that am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which you are applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: _____ Date of Signature: ____/____/____

EDUCATION REQUIREMENT: *(Use additional sheets if necessary.)*

BACHELORS OR ASSOCIATES DEGREE:

Name: _____ Dates Attended: _____ to _____

Location: _____

Degree Received: _____ Date of Graduation: ____/____/____

EXAMINATION REQUIREMENT: *(Answer "yes" or "no.")*

☐ Yes ☐ No National Association of Alcohol and Drug Abuse Counselors (NAADAC) National Certification Exam Level I, II, or MAC

☐ Yes ☐ No International Certification Examination for Alcohol and Drug Counselors

To qualify for a SUDC license by endorsement from another state, you must have already passed at least one of the exams referenced above.

SUBSTANCE USE DISORDER COUNSELOR LICENSE BY ENDORSEMENT QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
7. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
8. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
9. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
10. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
11. _____ Have you been named as a defendant in a malpractice suit?
12. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?

(Continued on the next page.)

13. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
14. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
15. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
16. _____ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
17. _____ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
18. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
19. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
20. _____ Do you currently have any criminal action pending?
21. _____ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
22. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
23. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
24. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



If you answered “yes” to questions 20, 21, 22, 23, or 24 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.



If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: (801) 530-6511

**VERIFICATION OF ACTIVE PRACTICE
AS A SUBSTANCE USE DISORDER COUNSELOR
(For Endorsement Only)**

**TO BE COMPLETED BY EMPLOYER REPRESENTATIVE OR
PROFESSIONAL COLLEAGUE:**

Name of Applicant: _____

License Number: _____ State of Licensure: _____

Name of Person Verifying Employment: _____

Relationship to Applicant: _____

Name of Employer: _____

Employer Address: _____

Employer Phone Number: _____

Describe the applicant's employment setting: (*private practice, governmental entity, nonprofit and charitable corporation, school, college, university, licensed health facility or other*)

Dates applicant was employed: from ____/____/____ to ____/____/____

Approximately how many hours did the applicant work per week? _____

What was the applicant's schedule? ☐ full-time ☐ part-time

This document is proof that the applicant has been actively engaged in lawful practice of substance use disorder counseling for not less than 4,000 hours.

Name: _____ Title: _____

Date of Signature: ____/____/____

REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state, if applicable.)

PART 1 - TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

Applicant's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I am requesting licensure in the state of Utah as a: _____

I am/have been licensed in your state under the name: _____

My Social Security Number is: _____

My Date of Birth is: ____/____/____

My license number in your state is/was: _____

I have enclosed the necessary license verification fee in the amount of: _____

Signature of Qualifier: _____

Date of Signature: ____/____/____

PART 2 - TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The qualifier will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (*as it appears in verifying state's records*): _____

Name of Qualifying Person: _____

Classification of License Issued: _____

(Continued on the next page.)

License Number: _____ Current Status: _____

Original Date of Licensure: ____/____/____ Expiration Date: ____/____/____

Continuously Licensed:

☐ Yes ☐ No, please explain: _____

Licensed By:

☐ Exam, Type: _____ Date: ____/____/____

☐ Endorsement, from what state? _____

Examination Scores: _____

Education Required For Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

☐ No ☐ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____ Title: _____

Agency: _____

Date of Signature: ____/____/____

(SEAL)